

Lobbyist Financial Report for Use by  
Client (2005/2006)  
Pursuant to Chapter 10, Part II  
General Statutes  
ETH-2D  
(Revised 1/06)

STATE OF  
CONNECTICUT  
OFFICE OF  
STATE ETHICS  
18-20 Trinity Street, Suite 205  
Hartford, CT 06106-1660  
Tel: (860) 566-4472

**IMPORTANT! Failure to file an accurate required report on time subjects the registrant to possible penalties of up to \$10,000 for each delinquent report.**

Name of Client Lobbyist:

Address:

City:

State:

Zip:

Year Form Completed For:

**PERIOD FILED FOR:**

TYPE	QUARTER			MONTH					
Administrative	1st <input type="radio"/>	2nd <input type="radio"/>	3rd-4th <input type="radio"/>						
Legislative	1st <input type="radio"/>	2nd <input type="radio"/>	3rd-4th <input type="radio"/>	Jan <input type="radio"/>	Feb <input type="radio"/>	Mar <input type="radio"/>	Apr <input type="radio"/>	May <input type="radio"/>	June <input type="radio"/>
				Jul <input type="radio"/>	Aug <input type="radio"/>	Sep <input type="radio"/>	Oct <input type="radio"/>	Nov <input type="radio"/>	Dec <input type="radio"/>

Contact person:

Telephone:

Ext:

E-mail address:

**FUNDAMENTAL TERMS OF CONTRACTS**

Report the fundamental terms, INCLUDING THE DOLLAR AMOUNT, of all contracts, (e.g., \$50,000 for media, \$15,000 for polling, etc.) to make expenditures IN FURTHERANCE OF LOBBYING. (Report this information only on the first financial report following the making or amendment of the contract, etc. DO NOT INCLUDE IN OTHER SECTIONS OF THE FORM UNTIL PAID.)

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**PLEASE NOTE: Any changes in terms of compensation with your communicator lobbyist(s) MUST be filed as an amendment to the registration.**

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Name:	Amount:
<input type="radio"/> Media (print or electronic advertising)	
<input type="radio"/> Polling	
<input type="radio"/> Grass-roots (i.e., direct mail or phone solicitation)	
<input type="radio"/> Expert witness or consultant	
<input type="radio"/> Other	

Name:	Amount:
<input type="radio"/> Media (print or electronic advertising)	
<input type="radio"/> Polling	
<input type="radio"/> Grass-roots (i.e., direct mail or phone solicitation)	
<input type="radio"/> Expert witness or consultant	
<input type="radio"/> Other	

Name:	Amount:
<input type="radio"/> Media (print or electronic advertising)	
<input type="radio"/> Polling	
<input type="radio"/> Grass-roots (i.e., direct mail or phone solicitation)	
<input type="radio"/> Expert witness or consultant	
<input type="radio"/> Other	

**LEGISLATIVE COMPENSATION, REIMBURSEMENT & SALES TAX**

<b>Date Paid</b>	<b>Payee</b>	<b>Prorated Amount of Salary</b>	<b>Fee or Retainer</b>	<b>Sales Tax</b>	<b>Expense Reimbursement</b>
		(if regular employee of payor)	(if not regular employee of payor)		

**MONTHLY  
TOTAL:**

**QUARTERLY  
TOTAL:**

**ADMINISTRATIVE COMPENSATION, REIMBURSEMENT & SALES TAX**

<b>Date Paid</b>	<b>Payee</b>	<b>Prorated Amount of Salary</b>	<b>Fee or Retainer</b>	<b>Sales Tax</b>	<b>Expense Reimbursement</b>
		(if regular employee of payor)	(if not regular employee of payor)		

**QUARTERLY  
TOTAL:**

**OTHER REPORTABLE EXPENDITURES:**

**LEGISLATIVE MONTHLY**

Expenditure for Benefit of a Public Official:

Paid Media Communications:

Solicitations:

Office Expenses:

Other Expenses:

**TOTAL:**

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**LEGISLATIVE QUARTERLY**

Expenditure for Benefit of a Public Official:

Paid Media Communications:

Solicitations:

Office Expenses:

Other Expenses:

**TOTAL:**

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**ADMINISTRATIVE QUARTERLY**

Expenditure for Benefit of a Public Official:

Paid Media Communications:

Solicitations:

Office Expenses:

Other Expenses:

**TOTAL:**

**EXPENDITURES PER PERSON PER OCCASION FOR BENEFIT OF PUBLIC OFFICIAL IN  
LEGISLATIVE BRANCH OR EXECUTIVE BRANCH OR FOR MEMBERS OF OFFICIAL'S STAFF OR  
IMMEDIATE FAMILY**

**To determine what expenditures must be itemized and what benefits are permissible, consult the 2005/2006  
Client Lobbyist Information Guide.**

Include:

- a. All reportable expenditures for benefit of Public Official, etc., in furtherance of lobbying.
- b. All other reportable expenditures for benefit of Public Official, etc., unrelated to lobbying (e.g., salesperson paying for commissioner's lunch).

**Circumstance of transaction:**

Check if Unrelated to Lobbying ☐

Check if Related to Lobbying ☐

**CHECK APPROPRIATE BOXES  
BELOW:**

Legislative Reception	Other Food & Drink	Necessary Expense/Gift to State	Charitable/ Civic Event	Plaque/Award	Gift/Major Life Event
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date:

Location:

Lobbyist in attendance:

Detailed description:

Check if shared with other lobbyists: ☐

List names of all other lobbyist donors and percent paid by each:

**Reportable Beneficiary**

Name:

Title:

Agency:

**ENTER DOLLAR AMOUNTS AS APPLICABLE (BELOW):**

Food & Drink:  Plaque/Award:

Gift/Major Life Event:

Waived Fee:  Transportation Cost:

Lodging Cost:

**Circumstance of transaction:**Check if Unrelated to Lobbying ☐Check if Related to Lobbying ☐**CHECK BOXES AS APPROPRIATE  
BELOW:**

Legislative Reception	Other Food & Drink	Necessary Expense/Gift to State	Charitable/Civic Event	Plaque/Award	Gift/Major Life Event
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date: Location: Lobbyist in attendance: Detailed description: Check if shared with other lobbyists: ☐

List names of all other lobbyist donors and percent paid by each:

**Reportable Beneficiary**Name: Title: Agency: **ENTER DOLLAR AMOUNTS AS APPLICABLE (BELOW):**

Food & Drink:	<input type="text"/>	Plaque/Award:	<input type="text"/>	Gift/Major Life Event:	<input type="text"/>
Waived Fee:	<input type="text"/>	Transportation Cost:	<input type="text"/>	Lodging Cost:	<input type="text"/>

I do hereby certify under penalty of false statement that I make this report in accordance with the requirements of Chapter 10, Part II, General Statutes, and that this is a complete and accurate itemized statement which contains all the information required by said Part for the period shown.

Signature of Authorized  
Officer or Agent:

Date: